

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

Office Use Only 7:28

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

2016 DEC 7  
12FE4M5

OUR COMMUNITY PAC

ADDRESS (number and street)

P.O. BOX 8821

Check if different  
than previously  
reported. (ACC)

MADISON

WI

53708

- 8821

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00614180

3. IS THIS  
REPORT

☒

NEW  
(N)

OR

☐

AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)

- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)

- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)

- ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P)
- ☐ Convention (12C)

- ☐ General (12G)
- ☐ Special (12S)

☐ Runoff (12R)

Election on

MM / DD / YYYY

in the  
State of

WI

(d) 30-Day  
POST-Election  
Report for the:

- ☒ General (30G)

- ☐ Runoff (30R)

- ☐ Special (30S)

Election on

MM / DD / YYYY

in the  
State of

WI

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer OLIVIER BENTHO

Signature of Treasurer

*[Signature]*

Date

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004